

<b>STATE OF HAWAII</b> FAMILY COURT OF THE _____ CIRCUIT		<b>CHILD SUPPORT GUIDELINES WORKSHEET</b>		CASE NUMBER  FC-                      NO.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">PLAINTIFF/PETITIONER <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p style="text-align: center;">vs.</p> <p>_____</p> <p style="text-align: center;">DEFENDANT/RESPONDENT <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> </div> <div style="width: 50%; padding-left: 10px;"> <p>This document was prepared by  <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Telephone</p> </div> </div>					
Line 1	BASE PRIMARY SUPPORT \$250 X _____ (# of children)				
2	Plus Monthly Child Care Expenses			+	
3	Plus Monthly Health/Dental Insurance for the Child(ren)			+	
4	PRIMARY SUPPORT NEED (add lines 1, 2 and 3)			=	
		FATHER(A)	MOTHER(B)	TOTAL(C)	
5	Parents' SOLA Income (from Table)		+	=	
6	Less PRIMARY SUPPORT NEED (on line 4)			-	
7	Parents' Net SOLA Income (line 5 - line 6)				
8	SOLA Percentage, 10% per child, up to 30%			x                      %	
9	SOLA OBLIGATION (line 7 x line 8)				
10	TOTAL SUPPORT NEED (line 4 + line 9)				
		FATHER(A)	MOTHER(B)	TOTAL(C)	
11	Monthly Gross Income			=	
12	Monthly Net Income (from Table)		+	=	
13	Income Percentage (line 12(A) ÷ line 12(C)) or (line 12(B) ÷ line 12(C))	%	%		
14	Support Payable By Each Parent (line 10) x Parent's (line 13) %				
15	Less Monthly Child Care Expense for Parent Who Pays	-			
16	Less Monthly Health Insurance Cost for Parent Who Pays	-			
17	REMAINING CHILD SUPPORT PAYABLE BY EACH PARENT (Round to nearest \$10.00)				
18	<input type="checkbox"/> Mother <input type="checkbox"/> Father pays to <input type="checkbox"/> Mother <input type="checkbox"/> Father in child support for a total of \$ _____ per month (\$ _____ per child per month). <input type="checkbox"/> Mother <input type="checkbox"/> Father pays health insurance. <input type="checkbox"/> Mother <input type="checkbox"/> Father pays child care expenses.				
I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.   <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Father</p> <p>_____ Mother</p> </div> <div style="width: 45%;"> <p>_____ Date</p> <p>_____ Date</p> </div> </div> <p><input type="checkbox"/> For exceptional circumstances see attached Exceptional Circumstance Form.  <input type="checkbox"/> For joint physical custody calculations or visitation 143 days or over per year, see Child Support Guidelines Worksheet For Joint Custody/Extensive Visitation and enter amounts on line 18</p>				For Court Use Only	